

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

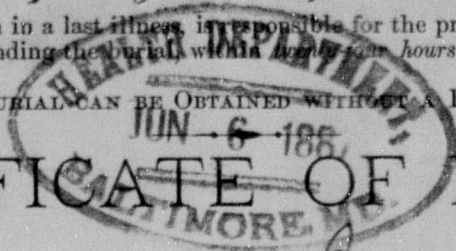
Permit No. **A 211**

Office of Registrar of Vital Statistics.

Ward **12<sup>1/2</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, **June 4<sup>th</sup> 1887**

Full Name of Deceased, **Rose E. Byrns**  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Male** or Female, **Female**  
{ Cross out the word not required in this line. }

Age, **30** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, **White**

Married, Single, Widow or Widower, **Single**  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, **Cambridge Md**  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **2 years & 8 Months**

Place of Death, **Mosher St # 560**  
{ Give Street and Number. }

Cause of Death, **Epilepsy**  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, **Death Sudden**

All the above information should be furnished by the Physician.

Place of Burial, **Cambridge Md**

Date of Burial, **June 7<sup>th</sup> 1887**

Undertaker, **Stewart & Mowen**

Place of Business, **215 & 217 Park Ave** Address, **St. Louis & Broadway Ave**

**D. G. Sparrow** M. D.  
Medical Attendant.  
**Coroner**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 212 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 4 1887

Full Name of Deceased, Anna Dostobek  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 9 Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Boat lid.

Birth Place, Life time  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 973 Harris Alley  
{ Give Street and Number. }

Cause of Death, Hydrophobia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 In duty

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 6 1887

Undertaker, G. E. Francis C. J. Williams M. D.  
Medical Attendant.

Place of Business, Jenks & Wolfe Address, 3826 E. 12th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 213 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Delia Dotsey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, Seventeen yrs.

Place of Death, { Give Street and Number. }

1123 S. Carey St.

Cause of Death, { First (Primary), \_\_\_\_\_

Pneumonia Pulmonalis

Second (Immediate), \_\_\_\_\_

Asthma

Duration of Last Sickness, \_\_\_\_\_

One year

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, June 7<sup>th</sup> 1887

Undertaker, J. B. Cook

J. Blum M. D. Medical Attendant.

Place of Business, 1003 W. Baltimore

76 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 214 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Mackemull

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany 30 yrs.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give Street and Number. } P. O. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Cancer Liver  
Exhaustion

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 8<sup>th</sup> 1887

Undertaker, Henry H. Cook & Son Oscar J. Cook M. D. Medical Attendant.

Place of Business, 1023 N. Calver Address, 624 E. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 215 Office of Registrar of Vital Statistics. Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5th 1887

Full Name of Deceased, Maggie Schriber  
(Write legibly and spell correctly. If an infant not named, give names of parents.)

Sex, Male or Female, Female  
(Cross out the word not required in this line.)

Age, 21 Years, 11 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, Single  
(Cross out the words not required in this line.)

Occupation, None

Birth Place, Baltimore City  
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, For some time

Place of Death, 1520 E. Pratt St  
(Give Street and Number.)

Cause of Death, Diphtheria  
First (Primary),  
Second (Immediate),

Duration of Last Sickness, From her last two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 7

Undertaker, Wendell Dwyer M. D.

Place of Business, 157 E Bond Address, 111 O Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 216

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella R. F. Maddux

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, 7 Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Worcester Co. Md.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give Street and Number. } 126 West St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Worcester Co. Md.

Date of Burial, June 7, 1887

Undertaker, Bernard Harle

Place of Business, 115 West St.

Robert S. Lowe M. D.  
Medical Attendant.

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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# Health Department, City of Baltimore.

Permit No. A-217 Office of Registrar of Vital Statistics.

Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, 16 Months Clara S. Gashell  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 16 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Battman in

Birth Place, Dun Life  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1718

Place of Death, 18 Byron  
{ Give Street and Number. }

Cause of Death, Pneumonia  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

Place of Burial, # Cedar Hill  
All the above information should be furnished by the Physician.

Date of Burial, June 8

Undertaker, Bernard H. Clark

Place of Business, 115 West St. Address, 104 Fort av

Medical Attendant, A. A. Cooke M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 218

Office of Registrar of Vital Statistics.

Ward 9 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 6th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mother's name Margerach Morris

Sex, Male { Cross out the word not required in this line. }

Age, 2 1/2 Years, hours Months, ✓ Days.

Color, Black Single { Cross out the words not required in this line. }

Married, Single, Widow or Widower, Single

Occupation, Life time

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 115 W. Lombard St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 115 W Lombard St

Cause of Death, { First (Primary) Second (Immediate), } Non Developed System  
Heart Failure

Duration of Last Sickness, Two 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Reserved

Date of Burial, for Anatomical purpose Sh L Hutto M. D.

{ Undertaker, Place of Business, } Address, 115 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 219 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 5 Months, 0 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1012 Russell Avenue

Cause of Death, { First (Primary), Second (Immediate), } Infantile

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Marble Cemetery

Date of Burial, June 7 1887

Undertaker, B. McChase M. D. McBarnes

Place of Business, 641 Howard St Address, 901 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 220 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with ~~in twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Altha Berry

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65-07-0 Years, — Months, — Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Place of Birth, { State or country, and how long in the United States, if of foreign birth. } Calvert County Md.

Duration of Residence in the City of Baltimore, 5-7

Place of Death, { Give Street and Number. } 1335 Shields Alley

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Calverton Plum Point

Date of Burial, June 7 1887

Undertaker, William Lingo H. F. Hill M. D.

Place of Business, 150 East St Address, 1001 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4766 Francis

[OVER.]